

4491

Salop Education Committee

SCHOOL HEALTH SERVICE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

1950

WILLIAM TAYLOR, M.D., D.P.H.

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

November 1951.

To the Chairman and Members of the Education Committee

SIR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service for the year 1950.

The year has been one of staffing difficulties, medical, dental and nursing, and in this connection the Report of the Senior Dental Officer is of special interest. Although progress has been made in certain directions, the disintegration which has been taking place in the School Dental Service during the past few years must inevitably be followed by a deterioration in the condition of the teeth of the school population.

The difficulty in securing treatment for pupils suffering from tonsil and adenoid conditions was perhaps more acute in 1950 than in any previous year. This matter has been dealt with comprehensively in the Report, but it is anticipated that, with the appointment by the Regional Hospital Board of additional Specialist Staff, the statistics for the year 1951 will show a considerable improvement in the position.

As a safeguard against possible outbreaks of food poisoning, with which it is undesirable that the school meals service should in any way be associated, the periodic medical examination, both clinical and bacteriological, of the central kitchen and canteen staffs is a feature of the work of the year which is perhaps worthy of special mention.

I wish to express my appreciation of the assistance which I have received in the preparation of this Report from Mr. A. R. Brawn, Clerk in the County Health Office.

I am, Sir, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

School Medical Officer.

COUNTY HEALTH OFFICE,

COLLEGE HILL,

SHREWSBURY.

November, 1951.

MEDICAL, DENTAL AND ANCILLARY STAFF

School Medical Officer :

WILLIAM TAYLOR, M.D., D.P.H.

Deputy School Medical Officer :

WILLIAM HALL, M.B., M.R.C.S., D.Obs.R.C.O.G., D.P.H.

Assistant School Medical Officers :

KATHLEEN PRIESTLEY, L.M.S.S.A.

MABEL N. JUDD, M.B., Ch.B.

CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

ALEXANDER W. M. BATTERSBY, L.R.C.S., L.R.C.P., L.R.F.P.S., D.P.H. (Resigned 30th September, 1950).

KATHLEEN M. BALL, M.B., B.Ch., B.A.O.Dub., D.P.H.

ELIZABETH CAPPER, M.B., Ch.B., D.P.H. (Née Whalley).

ROBERT K. HAY, M.D., B.A.O., D.P.H.

RICHARD M. C. TYNER, B.A., M.B., Ch.B., B.A.O., D.P.H. (Resigned 7th February, 1951).

EDWARD E. R. HOPKIN-JAMES, M.A., M.R.C.S.Eng., L.R.C.P.Lond. (Appointed 1st October, 1950).

Senior Dental Officer :

GERALD R. CATCHPOLE, L.D.S., R.C.S.Eng.

Assistant Dental Officers :

STEPHEN KEENAN, L.D.S.

FRANK H. BIRCH, H.D.D., L.D.S. (Resigned 28th February, 1950).

BERNHARD SCHARF.

ARTHUR N. LEICESTER, B.D.S. (Resigned 31st March, 1950).

GEORGE B. WESTWATER, L.D.S., R.C.S.

MARGUERITE D. MASON, B.A., B.D.S. (Resigned 20th January, 1950).

Psychiatrist (Part-time) :

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.H.

Educational Psychologists :

JOHN L. GREEN, B.A.

RONALD C. DOVE, B.A. (Resigned August, 1950).

Psychiatric Social Worker :

ANNETTE LEES.

Speech Therapist :

AALISH MARY GAWNE, L.C.S.T.

REPORT FOR THE YEAR 1950

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres, and in 1950 the estimated civil and military population was 288,710, a fall of 1,600 compared with the previous year ; the number of pupils on the school register totalled 39,370, an increase of 784 compared with 1949.

At the end of 1950 there were in the County of Salop, including the Borough of Shrewsbury, 266 Primary Schools containing 291 departments ; 15 Secondary Modern Schools (one of which is a Boarding School) containing 15 departments ; 17 Secondary Grammar Schools ; 3 Technical Colleges ; 6 Nursery Schools ; and 3 Special Residential Schools—2 for Educationally Sub-normal pupils and one for Maladjusted pupils.

The staff of the School Health Service during 1950 was as follows :

	1st January	31st December
School Medical Officer	1	1
Deputy School Medical Officer	1	1
Assistant Medical Officers	7	8
Senior Dental Officer	1	1
Dental Officers	6	4
Dental Attendants	7	4
Whole-time School Nurses	2	4
Health Visitors undertaking School Nursing ..	20	21
District Nurses undertaking School Nursing ..	49	35

During 1950 there was an average of eight Assistant Medical Officers in the employment of the County Council, three-fifths of whose time was available for School Health work and two-fifths for other duties.

The number of children examined at routine medical inspections during 1950 was 12,912, compared with 13,264 during 1949. A total of 16 Primary and Modern Schools, 2 Grammar Schools and 2 Technical Colleges remained unvisited at the end of the year.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Under Section 48 of the Education Act, 1944, it is the duty of the Local Education Authority to provide for the medical inspection of all pupils in attendance at schools maintained by them, including pupils in attendance at County Colleges ; and this Section also makes it obligatory upon the parent to submit a pupil for inspection when required to do so by an authorised officer of the Local Education Authority.

The duty of following up pupils found to need supervision or treatment, of encouraging pupils to secure such treatment as they require, and of securing the cleanliness of pupils is carried out by the School Nurses.

The obligation of the Local Education Authority to provide facilities for free medical treatment is now almost entirely discharged by utilising the facilities provided under the National Health Service Act, 1946. Children found to be in need of treatment, or of specialist advice, because of defects ascertained during the course of Routine Medical Inspection or attendance at a School Clinic are referred, according to the nature of the defect, to the hospitals, particulars of which are given on page 23 of this report, all of which come under the Birmingham Regional Hospital Board.

As the Ministry of Education have asked for particulars of the School Clinics provided by the Local Education Authority, these have also been included in this report on pages 23 and 24.

Treatment of Eye Conditions.—In order to secure treatment for children with defective vision or affections of the eye, advantage is taken as far as possible of the Hospital and Specialist Services provided by the Regional Hospital Board.

Before the passing of the National Health Service Act, however, the Local Education Authority had made arrangements for eye clinics, attended by specialists, to be held from time to time in certain areas in the County from which access to out-patient departments of hospitals was difficult; and in the Market Drayton and Ludlow areas these arrangements have been continued as Supplementary Ophthalmic Services.

During 1950, under Supplementary Ophthalmic Service arrangements, 12 children were examined in Market Drayton and 102 in Ludlow—a total of 114.

Tonsils and Adenoids.—The following is an extract from the Report of the Education Welfare Sub-Committee to the Education Committee on 28th January, 1950:

“There is a long and serious delay in carrying out tonsil operations. Parents of children who need extraction of tonsils learn that a delay of the order of eighteen months is probable even where it is desirable that the operation should be performed soon.”

The position with regard to the treatment of school children can perhaps most clearly and simply be represented by the following tabular statement which covers the period from 1937 to 1950:—

Year	Referred for Treatment		Operations performed	Operations performed expressed as percentage of cases referred for treatment
	Percentage of children examined	Actual cases		
1937	4.0	428	421	98
1938	4.7	463	393	85
1939	3.2	314	336	107
1940	3.6	412	321	78
1941	4.3	542	317	58
1942	4.5	402	383	95
1943	3.6	298	245	82
1944	4.2	441	362	82
1945	2.7	328	300	91
1946	3.9	537	249	46
1947	4.2	520	333	64
1948	4.9	821	795	96
1949	4.5	702	568	81
1950	4.8	622	347	56

From this table it will be seen that, after allowing for "refusals," there was in effect no waiting list until the outbreak of war in 1939. From 1940 onwards, however, owing to a number of factors associated with war-time conditions, there was an increasing tendency for the number of operations to fall short of the actual number of cases referred for treatment. This tendency notwithstanding, there was no waiting list when the Education Act, 1944, came into operation on 1st April, 1945, but from that time onwards increasing difficulty in securing operative treatment began to be experienced. There was an increase in the number of children referred for treatment, no doubt due to some extent to the obligation placed upon the Local Education Authority by the new Education Act to provide free treatment for all children in maintained schools, Secondary as well as Primary ; and it will be observed that in 1946, when 537 children were referred for treatment, the hospitals with which the Local Education Authority had entered into arrangements were able only to deal with 249 cases—less than 50 per cent. of those for whom treatment had been recommended—owing at that time mainly to lack of beds and nursing staff.

The number of patients on the waiting list at that time was a matter of much concern to the Board of Management of the Eye, Ear and Throat Hospital, Shrewsbury, and in 1947, as a result of discussions with Mr. Hargrove, Consultant to the Hospital for ear, nose and throat conditions, an arrangement was entered into towards the end of the year under which children suffering from tonsil and adenoid conditions were admitted to the County Council Hospital at Cross Houses, where they were operated on by members of the specialist staff of the Eye, Ear and Throat Hospital. This arrangement was continued until the coming into operation of the National Health Service Act on 5th July, 1948, and in the first six months of that year the average weekly number of children receiving treatment was roughly four times that of previous years. In that year, when 821 school children were referred for treatment, no fewer than 795 were operated on.

Waiting lists, when they begin to disappear, have a habit of melting away very quickly, and if the rate for 1948 could have been maintained there would now be no waiting list ; but in 1949, when 702 children were referred for treatment, it was only possible to deal with 568 cases ; and in 1950, when 622 children should have been dealt with, only 347 underwent operation.

It ought to be said here that the state of affairs described above was not peculiar to this County, but was very general throughout the country and, there is good reason to believe, was much more pronounced in neighbouring counties.

Reference to the above table shows that although there was a considerable variation from year to year in the number of school children referred for treatment, with a marked increase in 1946—the year following the coming into operation of the Education Act—the actual percentage of children found on examination to be in need of treatment did not, as a rule, vary greatly from year to year. It is also of interest to note that until 1946, the number of operations performed in each year corresponded very closely, on the whole, with the number of children referred for treatment—although in 1941, no doubt as a result of wartime conditions, the number of children dealt with reached a very low ebb.

In an endeavour to obtain more accurate information concerning the actual position in this County, the following memorandum was sent in April, 1950, to the Assistant School Medical Officers :

"There is for one reason or another a great shortage of accommodation for all kinds of cases in the hospitals administered by the various Hospital Management Committees. In the case of school children this shortage is perhaps most acutely felt by those in need of operative treatment for tonsil and adenoid conditions. The Local Education Authority are very concerned about the position and have made representations to the Regional Hospital Board and the No. 15 (Shrewsbury) Hospital Management Committee—the latter are responsible for the administration of most of the hospitals in this County.

“When a school child for whom a tonsil and adenoid operation has been recommended visits the Eye, Ear and Throat Hospital for examination he or she is put into one of four categories, according to priority of need for treatment. As cases awaiting operation over a prolonged period are liable either to deterioration or improvement, and as many of these children have been on the waiting list for a long time, it may be that the various categories into which many of these cases have been placed are no longer representative of the urgency of their need for operative treatment. While, therefore, there may be a number of cases who could be removed from the waiting list, there are much more likely to be cases who have qualified for admission to a category considered to be representative of more urgent cases. It is no reflection on an Assistant Medical Officer if the category of some particular case has to be changed either in an upward or downward direction. Unfortunately, or perhaps fortunately, the practice of medicine in its various branches is still an art rather than an exact science, and the incalculable biological factors involved may upset the most carefully formed opinion. The most we can do is to make an estimate of probabilities, and the No. 15 Hospital Management Committee, no doubt after consultation with the professional staff of the Eye, Ear and Throat Hospital, have asked for a review to be carried out by the Assistant Medical Officers of all tonsil and adenoid cases for whom operative treatment has been recommended. When, therefore, such children are undergoing the usual re-examination in the course of a School Medical Inspection, an effort should be made to categorise them by placing, after the three plusses which indicate the need for operative treatment, an (a), (b), (c) or (d), according to the Assistant Medical Officer’s opinion as to the degree of priority which each case should have. Thus :—

+++ (a) would indicate a case in need of *immediate* operation.

+++ (b) would indicate a case of a lesser degree of urgency, but for whom an operation should be carried out at *an early date*.

+++ (c) would indicate a case in which the operation *should not be long delayed*, although it would be going too far to say that it was necessary to have it carried out at an early date.

+++ (d) would indicate a case in which there were *no indications of particular urgency*—in fact a borderline case who, some medical practitioners would say, was not in need of operative treatment at all.

“There are some who take the view that the categorisation of tonsil and adenoid cases in this way is beyond the capacity of Assistant School Medical Officers and can only properly be carried out by a throat specialist. I do not hold that view. In my opinion Assistant School Medical Officers by reason of the number and variety of cases which they see, and the opportunities which they have to keep such cases under observation, are very well qualified to decide questions of urgency or priority.

“I should be glad, therefore, if when examining or re-examining tonsil and adenoid cases in the course of ordinary routine Medical Inspections, you would indicate the category into which each falls in the manner outlined above.”

This review was initiated at the request of the No. 15 Hospital Management Committee, in order to ascertain which cases could, in the opinion of the Assistant Medical Officers, be removed from the waiting list ; and also with a view to those cases which were considered by them to have become urgent during their period of waiting being specially seen at the Eye, Ear and

Throat Hospital. In order to cover the ground quickly the Assistant Medical Officers were instructed in May, 1950, to discontinue all School Medical Inspections and to concentrate on the re-examination of tonsil and adenoid cases previously referred for treatment. Their findings were as follows :—

Recommended for Operation :

Category (a)	In need of immediate operation ..	105	pupils
„ (b)	In need of operation at an early date	173	„
„ (c)	Operation should not be long delayed	184	„
„ (d)	No particular urgency	107	„
	Total ..	569	„

Removed from Waiting List :

Operation not now necessary	47	„
„ performed before review	39	„
Total ..	86	„

Not examined but records reviewed :

Did not attend Clinic	28	„
Absent from school	53	„
Scarlet Fever (Contact)	1	„
Tonsillitis	2	„
Abscess	12	„
School closed when A.S.M.O. visited	12	„
Left School	2	„
Not traced	13	„
Total ..	112	„

Total Cases reviewed 767 „

Although the various categories of cases referred to above do not exactly correspond with those into which children in need of operative treatment for tonsil and adenoid conditions are placed by the Specialists on the staff of the Eye, Ear and Throat Hospital, Shrewsbury, the review carried out by the Assistant Medical Officers gives some indication of the position in this County at that time ; and particulars of the cases contained in categories (a) and (b) in the table above under the heading “Recommended for Operation,” were forwarded to Mr. Hargrove, who, in the light of the information supplied, summoned the children for further examination, when the cases were re-categorised, those being operated upon who were found to be most urgently in need of treatment.

The question of the arrangements for the treatment of school children suffering from tonsil and adenoid conditions had, as a result of representations from various quarters, been the subject of consideration by the No. 15 Hospital Management Committee, and the following are extracts from a letter, dated 4th August, 1950, received from their Secretary :—

“I am asked to emphasize that the prevailing conditions and the volume of service of the Eye, Ear and Throat Hospital are all that can reasonably be expected, and any extra services can only be given when there is adequate staff, which as you are already aware, would be an additional E.N.T. Consultant, two Housemen and the retention of the present Registrar post.

The Committee also wish to place on record that they have every confidence in Mr. Hargrove, and are quite sure that he is doing far more than he is really called upon to do under his contract with the National Health Service.”

It can, however, be stated that, although many children had to wait a long time before receiving operative treatment, this in many cases resulted from the system followed by the

Eye, Ear and Throat Hospital of categorising the cases according to priority of need, in order to ensure that the most urgent were dealt with as soon as possible, with the result that those cases of lesser degree of urgency were allowed to remain until the more serious cases had received treatment.

It is true, of course, that during the period of waiting there was some deterioration in the condition of certain cases, and that, perhaps as the result of an intercurrent infectious disease, other cases graduated from the less urgent to the more urgent categories ; but this fact notwithstanding, the policy of the Eye, Ear and Throat Hospital, even if it postponed treatment in certain cases, resulted in the earlier treatment of those children for whom it was most urgently required.

Scabies.—The official weekly notifications, which are received from the Heads of Schools, of infectious conditions amongst school children give a very poor indication of the prevalence of scabies. While it is true that there has been a steady decline since the peak year 1943, it is, nevertheless, a fact that this condition is more prevalent than notifications received from Heads of Schools would seem to indicate. A better indication of the prevalence of scabies is given by quoting, along with the notification figures, those relating to school children who have been treated for this condition at the various School Clinics throughout the County.

SCABIES CASES (NOTIFIED AND TREATED)

Year	Notified by Heads of Schools	Treated at School Clinics
1943	239	498
1944	212	253
1945	156	199
1946	147	223
1947	46	166
1948	11	98
1949	7	60
1950	9	29

Ascertainment and Treatment of Handicapped Pupils.—Section 34 of the Education Act requires the Local Education Authority to ascertain those children in their area who require special educational treatment; and under this section the parent of any child who has attained the age of two years may be required to submit the child for examination by a Medical Officer of the Local Education Authority with a view to determining the existence of any physical or mental disability. The parent may likewise require the Authority to cause any child who has attained the age of two years to be examined for this purpose.

The Handicapped Pupils and School Health Service Regulations, 1945, issued by the Minister of Education under Section 33 of the Education Act, 1944, define the various categories of handicapped pupils for whom arrangements for special educational treatment should be made.

It is further specified in these Regulations that, unless the Minister otherwise determines in any particular instance, every pupil who is blind, deaf, physically handicapped, epileptic or aphasic shall be educated in a Special School, and that in the case of the blind or epileptic pupil the school shall be a boarding school.

The methods of special educational treatment (in addition to special attention by the teacher) to be provided for the various categories of Handicapped Pupils for whom it would not be practicable to make provision in a Special School, or in whom the disability is not serious, have likewise been laid down by the Minister.

During 1950, the number of pupils examined as possibly coming within the designation of "handicapped" was 357, and a summary of the findings of the Medical Officers, and also of the recommendations made to the Local Education Authority for the purposes of this Section of the Education Act, are given below :—

Category	Findings of Assistant School Medical Officers							
	Pupils Ex- amined	Not Handi- capped	Special Educational Treatment Required			Reported to Mental Deficiency Authority		
			In Ordinary School	In Special School	Home Tuition	In- educable	Unsuitable for special educational treatment	Super- vision on leaving school
Blind	—	—	—	—	—	—	—	—
Partially Sighted	2	—	—	2	—	—	—	—
Deaf	6	—	—	6	—	—	—	—
Partially Deaf	5	—	—	5	—	—	—	—
Delicate	18	—	—	18	—	—	—	—
Diabetic	1	—	—	1	—	—	—	—
Educationally Sub-normal	306	35	98	106	—	27	1	39
Epileptic	3	—	—	3	—	—	—	—
Maladjusted	—	—	—	—	—	—	—	—
Physically Handicapped	16	1	—	7	8	—	—	—
Total for 1950	357	36	98	148	8	27	1	39
Total for 1949	301	48	88	103	14	30	—	18

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital is the only one in this County with which the Education Committee have entered into an arrangement for the provision of special educational facilities. In other hospitals in the County, when a child is admitted whose stay is likely to extend over a prolonged period, special arrangements are made for the child to receive a certain amount of tuition, if his medical condition is such that he will be able to benefit from it.

Report to Mental Deficiency Authority.—Section 57 of the Education Act, 1944, requires the Local Education Authority to ascertain those children in their area who, having attained the age of two years, are suffering from disability of mind of such a nature and to such an extent as to render them incapable of benefitting from education at school, and to report such cases to the Local Authority for the purposes of the Mental Deficiency Acts.

Under sub-section 3 of this Section the Local Education Authority are, therefore, required to report to the Mental Health Sub-Committee of the Health Committee any child in attendance at a school maintained by them who, by reason of disability of mind, is found to be ineducable in a Special School.

Under sub-section 4, it is also specified that a child shall be deemed to be ineducable not only if his disability renders him incapable of receiving education, but also if the disability is such as to render it inexpedient, either in his own interests or the interests of his fellows, that he should be educated in association with other children.

Sub-section 5 likewise requires the Local Education Authority to report to that Committee any child in attendance at a school maintained by them, or at any Special School, who by reason of a disability of mind will require supervision after leaving school.

During 1950, a total of 67 children were reported under this Section—27 under sub-section 3, as being ineducable; 1 under sub-section 4, as being unsuitable for education in association with other children; and 39 under sub-section 5, as being in need of supervision after leaving school.

The comparable figures for 1949 were 30 under sub-section 3, and 18 under sub-section 5.

Cleanliness Inspections.—Under Section 54 of the Education Act the Local Education Authority has authorised the School Medical Officer, or someone acting on his behalf, to examine the person and clothing of pupils in attendance at maintained schools, whenever in his opinion this seems necessary in the interests of cleanliness. This Section also provides for the cleansing, under arrangements made by the Local Education Authority, of any pupils found verminous as a result of such examinations, and prescribes penalties in the case of those who, having already been cleansed, have become re-infested with vermin, if it is established that re-infestation was due to neglect.

The Education Committee has approved a revised scheme, under which the School Nurses carry out routine cleanliness inspections of all pupils as early as possible in each term, when an Informal Cleansing Note is issued to the parent of each pupil found to be verminous.

The School Nurses carry out routine inspections for verminous infestation of pupils in all Primary and Secondary Modern Schools, three Secondary Grammar Schools and one Secondary Technical School, making following up inspections in the case of those found to harbour nits or lice.

These pupils are re-examined one week later, and if any are still found to be verminous, Formal Cleansing Notices are served on the parents by the School Medical Officer, requiring them to render the pupils free from vermin and to present them for re-examination by the School Nurse at the end of three days. These Formal Notices also warn the parents that unless the pupils are satisfactorily cleansed they will be dealt with under cleansing arrangements made by the Local Education Authority.

If on the occasion of the third inspection a pupil is still found to be in a verminous condition, the Nurse reports the facts to the School Medical Officer, who decides, in the light of all known circumstances, whether to issue a Formal Cleansing Order, instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

All pupils who have been cleansed, either by the parents or under arrangements made by the Local Education Authority after the serving of a Formal Cleansing Notice or the issue of a Formal Cleansing Order, are subsequently examined by the School Nurse, and in the event of their being found to be re-infested, they are reported to the School Medical Officer, who decides whether to recommend the institution of legal proceedings by the Local Education Authority.

During 1950, a total of 98,951 head inspections were carried out by the School Nurses, and 1,935 pupils were found to be verminous, some on more than one occasion. The number found verminous represents a percentage of 5.6 of the total number of pupils on the registers of the schools inspected.

The following table sets out the position for the five years from 1946 to 1950 :—

Year	Pupils on Register of Schools Inspected	Verminous Pupils	Percentage Verminous
1946	29,258	2,486	8.5
1947	30,003	2,106	7.0
1948	32,873	2,534	7.7
1949	33,424	2,066	6.2
1950	34,593	1,935	5.6

Vocational Guidance.—In the early part of 1945, a scheme was put into operation in the Primary and Secondary Modern Schools under which the Assistant Medical Officer makes a special report at the time of the last routine medical examination of a pupil indicating whether, for reasons of health, he considers him unsuitable for work of any particular type. When the pupil leaves school, this report is sent by the Head, together with his own "School Leaving Report," to the Local Office of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officers in order to ensure that a pupil, on leaving school, is not put to employment for which he is either mentally or physically unsuitable.

The scheme was later expanded to afford opportunities for enrolment in the Register of Disabled Persons of those pupils who are, in the opinion of the Medical Officers, likely to be handicapped by reason of some disability of body or mind in obtaining or keeping employment. They thus have an opportunity of obtaining through the Ministry of Labour not only sheltered employment, but also the special educational training open to those whose names are on the Register of Disabled Persons.

Employment of Children.—Section 59 of the Education Act, 1944, provides that, if in the opinion of the Local Education Authority any pupil is being employed in a manner likely to be prejudicial to his health or to render him unfit to obtain the full benefit of the education provided for him, the Authority may prohibit, or impose such restrictions on, his employment as they consider necessary in the interests of the child.

Each pupil reported by the Secretary for Education as being engaged in employment is examined on the occasion of each visit of the Medical Officer to the school which he attends. At the end of 1950 a total of 471 children were known to be employed, but it was not found necessary to recommend the termination, on health grounds, of the employment of any pupil. In three cases, however, special recommendations were made by the Medical Officers concerned; in one case, that morning employment should cease; in another, that a pupil having slight scoliosis should not carry a basket in his work and that his case should be reviewed after six months; and in the third, that the pupil should go to bed earlier as a condition of being allowed to continue in his employment.

Medical Inspections of Pupils resident in Special Schools, Boarding Schools and Hostels.—

It is considered that the Education Authority has a special responsibility for the care of children accommodated in hostels and boarding houses, or resident in special schools within the County, and in May, 1948, special arrangements were made for the medical examination of children in these residential establishments.

These provide for a medical examination to be carried out in September, within a fortnight of the opening of the schools at the beginning of the school year ; later entrants are likewise examined within a fortnight of receipt of notice of admission from the Head of the school.

The visiting Medical Officer passes on to the Head of the school, or Warden of the Hostel, any information in connection with the wellbeing of the pupils arising out of the examination, in order that he may give appropriate instructions for special care to be taken, where such has been found to be desirable.

The name of each pupil has been added to the list of a local Medical Practitioner who undertakes to provide General Medical Services under the National Health Service Act, in order to enable medical advice and treatment to be obtained for the pupil in the event of illness.

Provision of Milk and Meals.—Section 49 of the Education Act, 1944, requires Local Education Authorities to make arrangements for the provision of milk, meals and other refreshments for pupils in attendance at maintained schools and County Colleges.

At the end of 1950 as many as 298 schools with an attendance of 35,359 pupils (98.9 per cent. of the pupils on the register of maintained schools in this County) were served with meals from school canteens. It is a matter for regret that only 24,055 of the pupils, or 68.0 per cent. of those for whom canteen facilities were available, took advantage of this service.

From 6th August, 1946, milk has been supplied free of charge to the pupils of all grant-aided primary and secondary schools. Inquiries made in June, 1950, showed that 82.0 per cent. of the pupils in attendance at maintained schools in the County were receiving milk under the Milk in Schools Scheme, the percentage for the previous year being 85.6.

Quality of Milk Supplies.—Approval of milk supplied to schools under the Milk in Schools Scheme is normally restricted to that designated as “Tuberculin Tested” or “Pasteurised.” When these grades are not available approval is given to “Accredited” milk ; and in instances where even “Accredited” milk is unobtainable, approval is given to undesignated milk, provided that samples taken comply with “Accredited” milk bacteriological standards and that the premises and methods of production are reasonably satisfactory. Before approval is given, these matters are investigated fully by the County Sanitary Inspector.

The following particulars indicate, in respect of the year 1950, the numbers of School Departments receiving milk and the grades of milk supplied :—

<i>Grade of Milk</i>				<i>School Departments</i>
Tuberculin Tested	..	..	..	80
Pasteurised	..	..	..	240
Accredited	..	..	..	7
Undesignated	..	..	..	5
Total				332

Only 4 schools in the County were not provided with a liquid milk supply during 1950, and at two of these schools dried milk was supplied in lieu.

Investigation of Supplies.—Samples are obtained from each School Milk supply by the Sanitary Officers of the Health Department at least once a quarter for bacteriological examination, and once in six months for biological examination.

The following table gives particulars of the results of the examination of samples taken during 1950 :—

EXAMINATION OF SCHOOL MILK SUPPLIES

Examination	Samples				
	Total	Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
Bacteriological	324	297	92	27	8
Biological	253	350	99	3	1

As a result of the examination of the herds from which the three unsatisfactory biological samples referred to in the above table were derived, two cows were slaughtered in accordance with the provisions of the Tuberculosis Order, 1938.

Tubercular Adenitis.—Arrangements have been made by the School Medical Officer for all cases of Tubercular Adenitis in children to be notified to him by the Chest Physicians, in order to enable an investigation to be made in each case into the milk supply, both at home and at school, as a possible source of infection.

During 1950, Tubercular Adenitis was reported in the case of 18 school children and samples of milk from 37 sources (19 domestic and 18 school supplies) were obtained by the Sanitary Officers of the County Health Department and examined for the presence of tubercle bacilli. One such source, a domestic supply, was found to be positive, and as a result of the examination by Veterinary Inspectors of the Ministry of Agriculture and Fisheries of the herd from which this milk was derived, one cow was slaughtered under the provisions of the Tuberculosis Order, 1938.

Nutrition.—The nutrition of a child, if it were possible accurately to assess it, would be an excellent index of the state of his general health, and for the purposes of the School Health Service the Ministry of Education recommend that in this respect the pupils should be divided into three groups, “good,” “fair,” and “poor.” The assessment of nutrition in each case depends very largely on the judgment of the individual Medical Officers, and many efforts have been made, not very successfully, to devise a standard method for the estimation of nutrition which would largely exclude the personal factor.

As, however, there is no reliable method of assessing the nutrition of school children with any degree of scientific accuracy, the findings of the Medical Officers are based mainly on such considerations as height, weight, posture, the condition of the skin and so on.

NUTRITIONAL GROUPS FOR YEARS 1947 TO 1950

Year	Classification in Percentages											
	Entrants			Second Age Group			Third Age Group			Total		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
1947	24	72	4	27	68	5	32	67	1	28	69	3
1948	28	68	4	28	67	5	29	67	4	28	68	4
1949	21	66	3	26	70	4	33	65	2	31	66	3
1950	38	60	2	31	66	3	39	59	2	36	61	2

Speech Therapy.—The following is the report of Miss A. M. Gawne, Speech Therapist :—

“During the year 1950, Speech Therapy Clinics were continued at the following Centres :—

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	—	Wellington Welfare Centre	—	Health Centre, Murivance	Whitchurch Welfare Centre	Health Centre, Murivance
Afternoon	Oswestry Welfare Centre	Ditto	Ludlow Welfare Centre	Ditto	Market Drayton and Wem Welfare Centres (Alternate weeks)	—

CASES TREATED

On Register 1st January	New Cases during year	Cases discharged during year	On Register 31st December
67	70	71	66

PARTICULARS OF CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit by further treatment		Referred for Child Guidance	Left School, etc.	Total
		Slightly Improved	Unimproved			
5	34	8	5	3	16	71

“When discharging, consideration was again given to the long distances travelled by some children and to the claims of waiting cases.

“The following table gives particulars of the conditions on account of which it was found necessary for these 137 children to attend for speech therapy :—

Stammer 45	Deafness 2*
Cleft Palate 15	Partial Deafness 2
Severe Dyslalia 23	Educational sub-normality 3
Dyslalia 36	Dysarthria 1
Nasality + or — .. 7	Mixed defect 1
Voice defect —	Cluttering 1
Aphasia 1	

*Both these children have now been admitted to suitable Special Schools.

(The figures include 4 urgent cases from neighbouring counties. Financial responsibility for these children was accepted by the Parent Authorities).

"Eleven children made single visits to the Centres for advice. Twenty-nine visits were made to individual homes. Twenty-eight visits were made to schools, to see children and to discuss cases with teachers, and these visits were often very helpful in the treatment of difficult cases at the Centres.

"Many children referred have not yet been seen. It is found more profitable to give therapy to selected children than to see large numbers once only. During 1950, it was again necessary to limit Speech Therapy activities to the areas covered by the established Centres—about half the County—and no child living at a long distance from a Centre was taken on for training unless the defect was severe and improvement seemed possible. In some cases, the interruption of school routine and the fatigue caused by travelling would have been prohibitive.

"During the year it was possible to arrange some Speech Therapy for 4 adults, outside school hours, but this side of the work cannot be extended at present.

A. M. GAWNE,
Speech Therapist."

Child Guidance.—Maladjusted and other difficult children are referred to a Child Guidance Clinic which is held in Shrewsbury on Monday of each week from 10 a.m. until 4 p.m. It is staffed by a full Child Guidance Team consisting of a part-time Visiting Psychiatrist, an Educational Psychologist and a Psychiatric Social Worker.

In addition, the Psychiatric Social Worker and Educational Psychologist visited during the year the Welfare Centres at Oswestry and Wellington on Mondays and Wednesdays respectively, and the Infants' School at Donnington on Tuesdays, to see children, most of whom had already attended the Child Guidance Clinic in Shrewsbury and been seen by the Visiting Psychiatrist, in order to continue the treatment which he had advised. During these visits they occasionally dealt with a child who had been sent to them from a local school, and in whom the difficulty was usually of a simple nature.

Statistics relating to pupils who were treated at the Child Guidance Clinics during 1950 are contained in the following report of Dr. C. L. Burns, Visiting Psychiatrist :—

REPORT OF VISITING PSYCHIATRIST

"SUMMARY OF WORK DONE DURING 1950 :

Total number of new referrals	..	..	..	..	..	..	..	..	..	..	185
Old cases still requiring help	..	..	..	..	..	..	..	..	..	..	82
<i>Sources of referral :</i>											
Head Teachers	..	..	..	..	..	..	..	..	..	..	42.0%
County Medical Officer	..	..	..	..	..	..	..	..	..	..	24.9%
Parents	..	..	..	..	..	..	..	..	..	..	27.0%
Private Doctors	..	..	..	..	..	..	..	..	..	..	6.5%
Probation Officers	..	..	..	..	..	..	..	..	..	..	2.6%
Miscellaneous, e.g. Children's Department, Mental Hospital, School Enquiry Officer	..	..	..	..	..	..	..	..	..	..	6.0%
<i>Reasons for referral :</i>											
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	..	..	..	..	..	..	..	..	..	..	23.2%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	..	..	..	..	..	..	..	..	..	..	32.4%
Behaviour difficulties such as aggressive behaviour, severe tempers, truancy, pilfering	..	..	..	..	..	..	..	..	..	..	23.8%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	..	..	..	..	..	..	..	..	..	..	16.2%
Miscellaneous reasons. Vocational guidance, advice re adoptions, reports to magistrates	..	..	..	..	..	..	..	..	..	..	4.4%
Number of cases seen by Psychiatrist	..	..	..	..	..	..	..	..	..	..	105
Number treated by Psychiatrist ; involving up to 15 interviews	..	..	..	..	..	..	..	..	..	..	22
Number recommended to Trench	..	..	..	..	..	..	..	..	..	..	6

C. BURNS,
Visiting Psychiatrist."

SENIOR DENTAL OFFICER'S REPORT

The School Dental Service was seriously hampered in its work during 1950 as a result of the losses it sustained to its professional staff which could not be made good. On account of this shortage of staff it was not possible to arrange for a dental officer to visit every school, a fact which led to approximately 40% of the pupils in the maintained schools of the County not being dentally inspected in 1950. Unless informed through the School Dental Service that their children's teeth require treatment many parents, especially those who have relied upon such notice in the past, are unaware that dental treatment is necessary until pain supervenes. By this time carious teeth which could have been restored to full function have become unsalvageable and must be lost. Although the private dental practitioners in the County have carried out more dental treatment for school children in 1950 than they have ever done in any one year in the past, the position is such that a large number of children of school age will remain uninspected and untreated until the School Dental Service is rehabilitated.

At the close of the year the staffing situation was even more acute, and unless matters radically change, thousands of school children in this County whose welfare in other directions is carefully watched and provided for must suffer as a result of dental neglect.

Staff.—The establishment of Dental Officers for the School Health Service is nine full-time dentists and the part-time service of the Senior Dental Officer. On 1st January, 1950, the actual number of Dental Officers on the staff consisted of five full-time officers, including the Senior Dental Officer, and two part-time officers. By the 31st December the strength of the staff had fallen to three full-time officers, including the Senior, and one part-time officer. The equivalent of service obtained from the staff in terms of full-time officers was slightly less than four for the whole year.

Mr. F. H. Birch, who began duty on 23rd January, 1923, as a Dental Officer in the Wellington District, continued to serve there until he retired at the end of February, 1950, owing to ill health. He secured and kept the confidence of the children and parents living in the district throughout the 27 years he was there, and he has been badly missed since he left.

Mr. A. N. Leicester, Dental Officer for the Ludlow district, after approximately three years' service, left the Council's employ on the 31st March, 1950, to join the dental staff of a neighbouring local authority.

Mrs. Mason, who was employed as a Dental Officer on a part-time basis in Shrewsbury, resigned with effect from 20th January, 1950.

Miss E. M. Plant, Dental Attendant, retired from the Council's service on account of ill health as from the end of October, 1950. Miss Plant was appointed in 1919 in readiness for the coming into operation of the Council's Dental Scheme in September of that year, and had completed 31 years of valuable service.

As in the previous year, advertisements for Dental Officers failed to produce any candidates to fill the vacancies and no appointments could be made.

Review of the Work for the year.—Consequent upon the reduction in the strength of the staff equal to two full-time dental officers for the whole period of the year, the number of pupils in maintained schools inspected and treated was substantially less than in 1949.

Routine inspections of pupils numbered 21,545 in 209 maintained schools and in the Wellington and Shrewsbury Children's Homes. In addition, 948 pupils applied at the Clinics for inspection and treatment as special cases. Schools not visited in 1950 numbered 132.

Of the number of Routine Inspections carried out 13,146 pupils were found to require treatment and 12,067 of these children were offered treatment. In past years all pupils who were found to require treatment, with the exception of those who were known to obtain it from a private dental practitioner, were offered treatment by the School Dental Service, but, with the dwindling of the strength of the dental staff as the year progressed, it became necessary to consider to whom treatment should be offered in order to ensure that the greatest value would be obtained from the service of the remaining staff. It was accordingly decided that, until the staffing situation improved, making it possible again to offer treatment to all pupils needing it, Dental Officers should concentrate on the preservation of the permanent dentition, giving first consideration to the treatment of those pupils who had regularly accepted it in the past. Treatment for the removal of dental sepsis whether in the deciduous or permanent dentition was carried out to the full extent of the capacity of the staff, but unless specially asked for by parents, restoration of carious deciduous teeth was not undertaken. This policy, which results in the neglect of the deciduous teeth in order that the time saved thereby may be spent on the preservation of the permanent dentition, will be pursued until the strength of the dental staff is built up again.

The percentage of pupils who were found upon routine inspection to require treatment was 61% and of those who were offered treatment 77% accepted it.

The numbers of fillings inserted in deciduous and permanent teeth, and the number of deciduous and permanent teeth extracted, although considerably less than in previous years, are commensurate with the number of dental officers operating.

Upon its introduction, General Anaesthesia (Gas) proved as popular in the Wellington area as it has done in all other parts of the County. A record number of cases were dealt with in this way during the year.

Partial artificial dentures were supplied to 22 pupils who had lost teeth through accident or disease.

The time available for the treatment of irregularities of the teeth with the aid of appliances was strictly limited; only 12 removeable orthodontic appliances were fitted during the year.

Details of the time spent and the treatment carried out appear in a statistical table appended to this report.

Attendance at a Course of Instruction.—One officer attended a course of lectures and demonstrations on Children's Dentistry sponsored by the Central Counties Post-Graduate Committee. This excellent course, held in Birmingham, was the first of its kind to be given in the Midlands area. Dental Officers engaged in the region were thus enabled to attend the course with the minimum of expense and loss of time. The development of such courses and demonstrations will undoubtedly have a beneficial effect on the standard of children's dentistry, and is in consequence welcomed by those who are responsible for promoting a high standard of efficiency in the School Dental Service.

Dental Clinics.—The lack of well equipped dental clinics in the larger centres of population in the County has been stressed in reports in years past. Slowly but surely progress is being made in the provision of them. The situation at the present time, however, due to the shortage of staff, is that two permanent clinics, one at Wellington and the other at Ludlow, both of which are equipped as bases for the Dental Officers to serve those areas, are now unoccupied and opened only for occasional use.

Since the Dental Officer for the Bridgnorth area left the Council's employ in June, 1949, there has been no resident dental officer in that area and the Maternity and Child Welfare Centre there which was used by him as a base, is used now as a dental clinic only occasionally and by special arrangement.

The premises at No. 5 Belmont, Shrewsbury, which are being converted for use as a permanent dental clinic for the treatment of pupils in schools within the Borough of Shrewsbury, are not yet ready for occupation. Here, too, staffing difficulty is likely to cause delay in getting this new clinic working to full capacity.

Dental Inspection and Treatment in Schools other than Maintained Primary and Secondary Schools.—Under Section 78 of the Education Act, 1944, dental inspection and treatment were carried out at Condover Hall School, Condover, which is maintained by the National Institute for the Blind.

Particulars of the number of pupils dealt with and the treatment done are given below :—

								Total
Number of pupils inspected	..	..	..	..	..	..	..	78
Number of pupils found to require treatment	..	..	..	..	..	..	..	50
Number of pupils actually treated	..	..	..	..	..	..	..	47
Number of attendances made by pupils for treatment	..	..	..	..	..	..	..	81
Half-days devoted to :—	Inspections	..	..	..	1	}	.. ..	8
	Treatment	..	..	..	7			
Fillings :—	Permanent Teeth	..	..	50	}	.. ..	..	51
	Deciduous Teeth	..	..	1				
Teeth Filled :—	Permanent Teeth	..	..	49	}	.. ..	..	50
	Deciduous Teeth	..	..	1				
Extractions :—	Permanent Teeth	..	..	5	}	.. ..	..	17
	Deciduous Teeth	..	..	12				
Administration of general anaesthetics for extraction	..	..	..	..	..	..	..	1
Other Operations :—	Permanent Teeth	..	..	31	}	.. ..	..	34
	Deciduous Teeth	..	..	1				
Orthodontic appliances fitted	..	..	..	..	..	..	..	1

G. R. CATCHPOLE,
Senior Dental Officer.

DIPHTHERIA IMMUNISATION

When a child first attends school, the Head is requested at the time of enrolment to ascertain whether the child has been immunised against diphtheria, and if not, to ask the parent to return a consent form to the County Health Office, on receipt of which arrangements for the immunisation of the child are made.

At the next routine medical inspection, the Assistant School Medical Officer takes the opportunity to urge immunisation in the case of entrants not yet protected. Similarly, when children in other age groups are medically examined the opportunity is taken to stress the importance of this prophylactic measure, and to obtain the consent of the parents in the case of those children who have not been immunised. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents." Propaganda methods, comprising the display of films and posters and advertisements in the press, are also used from time to time to remind the public of the importance of immunisation against diphtheria.

In the case of children immunised against diphtheria in infancy, a reinforcing injection is advocated after an interval of three or four years, and Assistant School Medical Officers at routine medical inspections advise such in appropriate cases.

During 1950, a total of 219 children of school age were immunised ; and of this number 155 were treated by Assistant School Medical Officers and 64 by general medical practitioners—71 and 29 per cent. respectively.

In the statistical table given below, the total number of children of school age immunised during 1950 has been apportioned amongst the various Sanitary Districts in which they are resident. Of the pupils on the school registers on 31st December, 1950, in the County of Salop, 76.2 per cent. had been immunised against diphtheria, the corresponding figure for the previous year being 73.2 per cent.

SCHOOL CHILDREN IMMUNISED DURING 1950

Area	Local Sanitary Authority	Immunised	Re- Immunised	Percentage Immunised
N.W. Combined Districts	Ellesmere Urban	7	30	98.0
	Ellesmere Rural	18	119	90.4
	Oswestry Borough	21	200	99.8
	Oswestry Rural	20	278	96.2
	Wem Urban	1	32	99.9
	Wem Rural	8	139	66.4
	Whitchurch Urban	3	95	62.8
N.E. Combined Districts	Dawley Urban	6	112	97.9
	Market Drayton Urban	6	81	85.6
	Drayton Rural	3	87	83.8
	Newport Urban	2	20	79.4
	Oakengates Urban	8	25	63.4
	Shifnal Rural	6	79	68.1
	Wellington Urban	4	28	60.0
	Wellington Rural	15	268	90.9
S.W. Combined Districts	Atcham Rural	5	79	58.0
	Bishop's Castle Borough	—	3	74.6
	Church Stretton Urban	—	—	46.4
	Clun Rural	10	29	57.1
	Wenlock Borough	20	20	52.3
	Ludlow Borough	3	13	76.6
	Ludlow Rural	11	63	62.5
Bridgnorth ..	Bridgnorth Borough	—	3	67.2
	Bridgnorth Rural	13	50	73.1
Shrewsbury ..	Shrewsbury Borough	29	227	84.8
	Whole County (1950) ..	219	2,080	76.2
	Whole County (1949) ..	631	3,187	73.2

Particulars of the numbers of children between 5 and 15 years of age who have been immunised against diphtheria in each year since 1942 are given below :—

Year	1942	Children immunised	..	8,310
„	1943	„	„	4,569
„	1944	„	„	695
„	1945	„	„	533
„	1946	„	„	546
„	1947	„	„	324
„	1948	„	„	413
„	1949	„	„	631
„	1950	„	„	219
Total				16,240

The effects of the Immunisation Campaign are demonstrated by statistics showing the incidence of Diphtheria and the numbers of deaths from this disease among persons of all ages in the County during the past 16 years. The two deaths which occurred in 1946 were those of school children; the two in 1947 were those of children under school age ; and the death which occurred in 1949 was also that of a pre-school child. These five children had not been immunised against diphtheria.

NOTIFICATIONS OF DEATHS FROM DIPHTHERIA SINCE 1935

Year	Notifications	Deaths
1935	223	20
1936	301	20
1937	206	7
1938	185	19
1939	133	13
1940	236	11
1941	237	9
1942	121	6
1943	53	6
1944	25	1
1945	7	—
1946	5	2
1947	18	2
1948	1	—
1949	5	1
1950	2	—

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, some form of infectious disease liable to be transmitted by contamination of the food which is served in the canteens, a scheme for the medical examination of canteen staffs, particulars of which are given below, was put into operation on 1st February, 1950.

There are three categories of premises in which food is either prepared or served to school children having a mid-day meal in school, namely :

- (a) Central Kitchens, where the meals are prepared and sent out to School Canteens ;
- (b) Self-contained Canteens, where meals are prepared and served on the school premises ; and
- (c) Canteens for dining purposes only, where meals are served which have been prepared at the Central Kitchens.

The personnel employed in these establishments are now medically examined at least once per annum, and new entrants to the service are examined as soon as possible after appointment.

The majority of the Kitchens and Canteens are located either at, or within easy reach of, one or other of the schools which they serve, and the opportunity to carry out these examinations is taken when, for purposes of routine medical inspection, these schools are visited by an Assistant Medical Officer, who, in addition to the examination of the Canteen Staffs, is also required to inspect and report upon the suitability and cleanliness of canteen premises, methods of storage of food, and the preparation and serving of meals.

These medical examinations are directed towards establishing, in those employed in the preparation or handling of food, the cleanliness of the person, clothing and hands ; the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh ; and also of non-infectious but highly undesirable conditions such as eczema or other forms of dermatitis. In addition to undergoing a clinical examination, each food handler is required to submit a specimen of excreta for special bacteriological investigation at the Public Health Laboratory, Shrewsbury, and a record card for each canteen worker is kept in the County Health Department on which particulars of clinical examinations and bacteriological tests are recorded.

Whilst a periodic medical examination can be made a condition of appointment in the case of new employees, it was feared that, with others, insistence upon such examinations, including the submission of laboratory specimens, might lead to a number of resignations. The scheme was therefore first put into effect with a measure of concern, and it is gratifying to note that, out of over six hundred employees, a large proportion of whom were women of mature age who had worked in the canteens without such examination for a number of years, less than thirty refused to be medically examined.

The following particulars give some indication of the work involved :—

Establishments		Personnel				
Type	Number	Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	14	14	24	110	17	165
Self-contained Canteens	108	2	125	295	7	429
Canteens for dining only	193	11	—	337	2	350
Total ..	315	27	149	742	26	944

Although the scheme was put into effect on 1st February, 1950, an examination of the canteen workers in certain of these establishments was not carried out during the year, but an analysis of the examinations undertaken is given below :—

Canteen Workers to whom examination was offered	629
" " who were examined and submitted specimens	600
" " who were examined but refused specimens ..	18
" " who refused examination	11

Examinations of Personnel			Personnel submitting Specimens	Examinations of Specimens		
Initial	Re-examination	Total		Total	Satisfactory	Unsatisfactory
618	27	645	627	652	649	3

The number of specimens which were examined bacteriologically exceeded the number of workers from whom they were obtained by 25, owing to an occasional error on the part of workers in submitting specimens.

The clinical examinations of Canteen Workers were satisfactory in all cases, but the bacteriological examination of three of the laboratory specimens disclosed an unsatisfactory, if not an actually dangerous, state of affairs.

One specimen was found to contain the *Shigella Sonnei*, an organism which gives rise to outbreaks of food poisoning. The worker was suspended until a series of negative specimens demonstrated that there was no risk of her being likely to be a source of infection.

Another was found to contain a food poisoning organism, the *Salmonella Minnesota*. This worker was also suspended until it could be shown that there was no risk in her resuming employment.

The third was found to contain *Salmonella Typhi* Murium, and on enquiry it was discovered that the small son of this worker, who delivered food from a central kitchen, had been suffering from gastro-enteritis for one week. This worker was suspended and was not allowed to resume work until both he and his son had been certified free from infection.

SUMMER CAMPS

Summer Camps for senior pupils were again organised during the months of May, June and July. Accommodation for 30 pupils was provided for eight weeks at each of two Camps—one for boys at Nash Court, near Ludlow, and another for girls in the grounds of the Farm Institute, Walford Manor, near Baschurch.

A total of 437 pupils passed through these Camps, 226 boys and 211 girls. All the pupils were examined prior to admission, initially by the local School Nurse and on the morning prior to departure for the Camp by an Assistant School Medical Officer, and certified to be free from infection or verminous infestation before being allowed to proceed.

Medical attendance at both Camps was provided when necessary by Medical Practitioners resident nearby.

The health of the pupils was good and there was no outbreak of infectious disease in either Camp. Nursing of minor conditions was provided by the District Nurses at Tenbury and Baschurch for the Nash Court Camp and the Walford Camp respectively. Each Camp was also visited weekly by an Assistant Superintendent Nursing Officer.

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or treatment in hospital are referred to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen in the first instance by the Chest Physician at one of the Chest Clinics formerly under the administration of the County Council as Tuberculosis Dispensaries.

General Medical and Surgical Conditions :

The Royal Salop Infirmary, Shrewsbury.
 Cross Houses Hospital, near Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.
 The Staffordshire General Infirmary, Stafford.

Eye Conditions :

The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton and Midland Counties Eye Infirmary, Wolverhampton.

Ear, Nose and Throat Conditions :

The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.

Pulmonary Tuberculosis :

Shirlett Sanatorium.

Orthopaedic Conditions, including Fractures :

The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

X-Ray Treatment of Ringworm :

The Midland Skin Hospital, Birmingham.

Specialised forms of treatment not otherwise available :

The Birmingham Children's Hospital, Birmingham.

SCHOOL CLINICS IN THE COUNTY PROVIDED BY THE LOCAL EDUCATION AUTHORITY

Address	Sessions				
BRIDGNORTH Welfare Centre, Northgate	<i>Minor Ailments :</i>	Monday	..	..	10.00 a.m.—11.00 a.m.
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.			
DAWLEY Welfare Centre, King Street	<i>Minor Ailments :</i>	Tuesday	..	..	9.30 a.m.—11.00 a.m.
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.			
HIGHLEY Welfare Centre, Miners' Welfare Hall	<i>Minor Ailments :</i>	Tuesday and Thursday		..	9.00 a.m.—10.00 a.m.
IRONBRIDGE Welfare Centre, Severn Bank House	<i>Minor Ailments :</i>	Friday	..	..	10.00 a.m.—12 noon
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.			
LUDLOW Welfare Centre, Cliftonville, Dinham	<i>Minor Ailments :</i>	Monday	..	..	9.00 a.m.—11.00 a.m.
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	Saturday	..	..	9.00 a.m.—12 noon
		and by arrangement.			
	<i>Speech Therapy :</i>	Wednesday	..	..	9.15 a.m.—12 noon

Address	Sessions
MARKET DRAYTON Welfare Centre, Longslow Road	<i>Minor Ailments</i> : Wednesday 9.00 a.m.—10.30 a.m. Other weekdays 9.00 a.m.—10.00 a.m. <i>Dental</i> : By arrangement. <i>Speech Therapy</i> : Alternate Fridays 2.45 p.m.—4.30 p.m.
NEW DONNINGTON (a) Welfare Centre, Turreff Hall, Donnington (b) Donnington Infants' School	<i>Minor Ailments</i> : Wednesday 9.00 a.m.—11.00 a.m. Other weekdays 9.00 a.m.—10.00 a.m. <i>Child Guidance</i> : Tuesday 10.00 a.m.—4.00 p.m.
NEWPORT Welfare Centre, 127 High Street	<i>Minor Ailments</i> : Weekdays 9.00 a.m.—10.30 a.m. <i>Dental</i> : By arrangement.
OAKENGATES Welfare Centre, Stafford Street	<i>Minor Ailments</i> : Tuesday 9.00 a.m.—11.00 a.m. Other weekdays 9.00 a.m.—10.00 a.m. <i>Dental</i> : By arrangement.
OSWESTRY Welfare Centre, 28—32 Upper Brook Street	<i>Minor Ailments</i> : Wednesday 9.00 a.m.—12 noon Other weekdays 9.00 a.m.—10.00 a.m. <i>Dental</i> : Saturday 9.00 a.m.—12 noon and by arrangement. <i>Speech Therapy</i> : Monday 1.00 p.m.—4.15 p.m. <i>Child Guidance</i> : By arrangement.
WELLINGTON Welfare Centre, Haygate Road	<i>Minor Ailments</i> : Thursday 9.00 a.m.—11.00 a.m. Other weekdays 9.00 a.m.—10.00 a.m. <i>Dental</i> : By arrangement. <i>Speech Therapy</i> : Tuesday 9.15 a.m.—12.30 p.m. 2.00 p.m.—5.00 p.m. <i>Child Guidance</i> : Wednesday 10.00 a.m.—4.00 p.m.
WEM Welfare Centre, The Shrubbery	<i>Minor Ailments</i> : Weekdays 10.00 a.m.—11.00 a.m. <i>Dental</i> : By arrangement. <i>Speech Therapy</i> : Alternate Fridays 2.15 p.m.—4.30 p.m.
WHITCHURCH Welfare Centre, 27 St. Mary's Street	<i>Minor Ailments</i> : Thursday 9.00 a.m.—11.00 a.m. Other weekdays 9.00 a.m.—10.00 a.m. <i>Dental</i> : By arrangement. <i>Speech Therapy</i> : Friday 9.30 a.m.—1.00 p.m.
SHREWSBURY (a) Health Centre, Murivance (b) The White House, Ditherington (c) Monkmoor (at Monkmoor School) (d) Education Office, County Buildings (e) No. 1 Belmont	<i>Minor Ailments</i> : Friday 9.00 a.m.—12 noon Other weekdays 9.00 a.m.—11.00 a.m. <i>Dental</i> : Monday, Wednesday, Friday 9.00 a.m.—5.00 p.m. <i>Speech Therapy</i> : Thursday 9.30 a.m.—12.30 p.m. 2.00 p.m.—5.00 p.m. <i>Minor Ailments</i> : Weekdays 9.00 a.m.—11.30 a.m. <i>Minor Ailments</i> : Weekdays 9.00 a.m.—10.30 a.m. <i>Child Guidance</i> : Monday 10.00 a.m.—4.00 p.m. <i>Dental</i> : By arrangement.

STATISTICAL TABLES FOR 1950

TABLE I. (A)—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups :—

Entrants	4,310
Second Age Group	3,584
Third Age Group	5,018
	<hr/>
	12,912
	<hr/>

(B)—OTHER INSPECTIONS.

Special Inspections	3,943
Re-Inspections	12,680
	<hr/>
	16,623
	<hr/>

(C)—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	30	569	592
Second Age Group	268	384	623
Third Age Group	601	384	931
Total (prescribed groups) ..	899	1,337	2,146
Other Periodic Inspections ..	—	—	—
Grand Total ..	899	1,337	2,146

Individual pupils may be recorded in both columns (2) and (3) of the above table ; therefore the total in column (4) is not the sum of columns (2) and (3).

TABLE II.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1950

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		Number of Defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	22	30	1	1
5	Eyes (a) Vision	899	264	122	18
	(b) Squint	108	48	12	6
	(c) Other	20	18	6	4
6	Ears (a) Hearing	13	17	3	1
	(b) Otitis Media	3	5	2	2
	(c) Other	35	24	5	2
7	Nose or Throat	660	779	62	44
8	Speech	34	46	5	16
9	Cervical Glands	6	133	—	16
10	Heart and Circulation	2	123	—	10
11	Lungs	3	163	—	5
12	Developmental :—				
	(a) Hernia	10	16	—	5
	(b) Other	54	78	2	17
13	Orthopaedic :—				
	(a) Posture	46	144	1	11
	(b) Flat Foot	141	428	29	39
	(c) Other	171	396	28	23
14	Nervous system :—				
	(a) Epilepsy	1	6	—	1
	(b) Other	3	38	—	3
15	Psychological :—				
	(a) Development	88	135	6	61
	(b) Stability	25	14	6	28
16	Other	154	33	23	8

(B)—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	4,310	1,634	37.91	2,593	60.16	83	1.93
Second Age-Group	3,584	1,105	30.83	2,364	65.96	115	3.21
Third Age-Group	5,018	1,955	38.96	2,960	58.99	103	2.05
Other Periodic Inspections	—	—	—	—	—	—	—
Total for 1950	12,912	4,694	36.35	7,917	61.32	301	2.33

TABLE III—INFESTATION WITH VERMIN

(1) Average number of visits per school made during the year by the School Nurses or other authorised persons	8
(2) Total number of examinations of children in the schools by the School Nurses	117,083
(3) Number of individual children found to be infested	1,935
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	109
(5) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	17

TABLE IV—TREATMENT TABLES

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table III).

	Number of Defects treated, or under treatment during the year	
	By the Authority	Otherwise
Skin :—		
Ringworm : (i) Scalp	3	3
(ii) Body	55	27
Scabies	29	8
Impetigo	137	18
Other skin diseases	444	—
Total ..	668	56

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	625	—
Errors of refraction (including squint)	937*	1,113
Total ..	1,562	1,113
Number of pupils for whom spectacles were		
(a) Prescribed	796*	797
(b) Obtained	688*†	665‡

NOTES : *Including cases dealt with under arrangements with Supplementary Ophthalmic Services.

†Of these, 145 were obtained on a 1949 prescription.

‡Of these, 105 were obtained on a 1949 prescription.

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of Cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	57
(b) for adenoids and chronic tonsillitis ..	—	347
(c) for other nose and throat conditions ..	—	23
Received other forms of treatment	—	127
Total	—	554

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	123	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	—	1,052

GROUP V.—CHILD GUIDANCE TREATMENT.

	Number of Cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
Number of pupils treated at Child Guidance Clinics	267	—

GROUP VI.—SPEECH THERAPY.

	Number of Cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist ..	125	—

GROUP VII.—OTHER TREATMENT GIVEN.

					Number of Cases treated	
					By the Authority	Otherwise
(a)	Miscellaneous minor ailments	..	..	..	4,247	—
(b)	Other treatment given :—					
	1. Appendicitis	..	..	..	—	42
	2. Glandular Defects (Tuberculous and other)	..	..	..	—	62
	3. Hernia	..	..	..	—	16
	4. Burns or Scalds	..	..	..	—	7
	5. Epilepsy	..	..	..	—	6
	6. Asthma	..	..	..	—	12
	7. Diabetes	..	..	..	—	5
	8. Fractures	..	..	..	—	10
	9. Miscellaneous	..	..	..	—	146
	Total	..			—	306

TABLE V—DENTAL INSPECTION AND TREATMENT

Number of pupils inspected :—	Periodic Age Groups	..	21,545			Total
	Specials	..	948			22,493
Number found to require treatment	..	..	..	..	..	14,094
Number referred for treatment	..	..	..	..	..	13,015
Number actually treated	..	..	..	..	..	9,680
Attendances made by pupils for treatment	..	..	..	..	..	13,378
Half-days devoted to :—	Inspection	..	166			
	Treatment	..	1,329			1,495
Fillings :—	Permanent Teeth	..	7,892			
	Deciduous Teeth	..	717			8,609
Teeth filled :—	Permanent Teeth	..	7,027			
	Deciduous Teeth	..	707			7,734
Extractions :—	Permanent Teeth	..	1,127			
	Deciduous Teeth	..	8,637			9,674
Administrations of general anaesthetics for extractions	..	..	..	..	..	989
Other operations :—	Permanent Teeth	..	1,260			
	Deciduous Teeth	..	713			1,973
Partial Dentures supplied	..	..	..	..	..	22
Orthodontic Appliances fitted	..	..	..	..	..	13

TABLE VI

(1)—STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance).

School Medical Officer : William Taylor, M.D., D.P.H.

Senior Dental Officer : Gerald Rufus Catchpole, L.D.S., R.C.S.Eng.

	Number	Aggregate staff in terms of the equivalent number of whole-time officers
(a) Medical Officers (Whole-time School Health and Local Health Services)	10	5.8/10
(b) Dental Officers (including Senior Dental Officer)	4	3.3/11
(c) Physiotherapists, Speech Therapists, etc. Speech Therapist	1	1
(d) School Nurses	64	12.1/20
(e) Nursing Assistants	—	—
(f) Dental Attendants	4	3.2/11

(2)—NUMBER OF SCHOOL CLINICS (i.e. *premises* at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics .. 17

(3)—TYPE OF EXAMINATION AND/OR TREATMENT provided at the school clinics returned in Section (2) either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided :	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor ailment and other non-specialist examination or treatment	16	—
B. Dental	13	—
C. Ophthalmic	1	—
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	10
F. Paediatric	—	—
G. Speech Therapy	7	—
H. Others	—	—

Arrangements made with the Supplementary Ophthalmic Service have been returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

(4)—CHILD GUIDANCE CENTRES

Number of Child Guidance Centres provided by the Authority .. 4

Staff of Centres	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	2/11
Educational Psychologists	1	1
Psychiatric Social Workers	1	1

The Psychiatrist is directly employed by this Authority.

TABLE VII—HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

NOTES :

- (i) In Section A changes of special school and short breaks are ignored.
- (ii) In all Sections children not belonging to the area of any Authority are included by the Authority which secures or seeks a place for the child.
- (iii) Children suffering from multiple disabilities are classified under the major disability.
- (iv) Section E includes pupils awaiting places in a special school or Home, but who for the time being are attending ordinary schools or receiving home tuition under Section 56 of the Education Act, 1944.
- (v) *Hospital Special Schools.* In all Sections children sent to or awaiting places at Hospital Special Schools are excluded.

	(1) Blind (2) Partially sighted (3) Deaf			(4) Partially Deaf (5) Delicate (6) Physically Handicapped			(7) Educationally subnormal (8) Maladjusted (9) Epileptic			TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec., 1950 :—										
A. Handicapped Pupils <i>newly placed</i> <i>in Special Schools</i> or Homes ..	—	3	2	1	7	2	45	7	1	68
B. Handicapped Pupils <i>newly ascer-</i> <i>tained</i> as requiring education at Special Schools or boarding in Homes	—	2	2	9	17	3	76	6	1	116

Number of children reported during the year :—

(a) under Section 57(3) (excluding any returned under (b)) ..	21
(b) under Section 57(3) relying on Section 57(4)	1
(c) under Section 57(5)	41

of the Education Act, 1944.

	(1) Blind (2) Partially sighted (3) Deaf			(4) Partially Deaf (5) Delicate (6) Physically Handicapped			(7) Educationally subnormal (8) Maladjusted (9) Epileptic			TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 1st :—										
C. Number of Handicapped Pupils from the area :—										
(i) attending Special Schools as										
(a) Day Pupils	—	—	—	—	—	—	—	—	—	—
(b) Boarding Pupils	5	7	15	3	6	6	81	16	5	144
(ii) boarded in Homes	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	1	—	—	1
TOTAL (C) ..	5	7	15	3	6	6	82	16	5	145
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(a) in hospitals	—	—	—	—	—	—	—	—	—	—
(b) elsewhere	—	—	—	—	—	29	—	—	—	29
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	—	3	8	4	34	15	177	3	3	247

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils in the financial year ended 31st March, 1950 £2,095 5s. 4d.

Return showing independent schools being assisted by the Local Education Authority under Section 9 (1) of the Education Act, 1944, in respect of handicapped pupils :—

(1) Name and Address of School	(2) State whether for Boys, Girls or both	(3) Number of pupils whose fees are being paid in whole or part by the L.E.A.	(4) Category of handicap of pupils in Column 3	(5) Age range of pupils in Column 3	(6) Annual rate of payment by L.E.A. per pupil
Camphill Rudolf Steiner School, Milltimber, Aberdeenshire	Both	1	Educationally subnormal	8	£270 10s. 0d. per annum